

**New Jersey Department of State
Business Action Center**

REAL ESTATE QUESTIONNAIRE

Company: _____ Division: _____

Address: _____ City: _____

State: _____ Zip: _____ Tel: _____ Website: _____

Contact Name: _____ Title: _____

Contact Tel: _____ Contact E-mail: _____

Nature of Business: _____

Project Use: HQ (Yes/No) Office(SF _____) Mfg(SF _____) Lab(SF _____)

Warehouse/Distribution (SF _____) Acres (_____) Special Needs _____

Preferred Location(s) in New Jersey: _____

Purchase/Lease/Lease with Option/Build to Suit/Raw Land: _____

Ceiling Height (Lowest/Highest) _____ Multi-Tenant (Yes/No) _____

Parking Spaces _____ Truck Loading Doors _____ Drive Thru Doors _____

Utilities: Electric (Volt/Amp/Phase) _____

Gas _____ Sewer _____ Water (Gallons) _____

Water(Municipal/Processed/Gray) _____

Timetable _____

Please return completed questionnaire to:

New Jersey Department of State
Business Action Center
PO Box 820
225 West State Street
Trenton, NJ 08625-0820
Lilah.Velez@sos.state.nj.us